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## SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE 10/555919 FEE CALCULATION SHEET APPLICANT(S) · (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER as filed AFTER AS FILED AFTER. 1 AMENDMENT 3 <sup>™</sup>AMENDMENT ( Amendment 2 carmendment IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IINID. 3 \$6 \$7 **S**B 65 66 .70 23 76 30 33 & Û থি TOTAL END ₹<u>8</u>} TOTAL IND TOTAL BEP TOTALDER TOTAL CLARKS

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